IPDR6702				NORTH CAROLINA		PAGI	: 1	
RUN DATE:	01/13/2008			S CHECKWRITE SUMMARY REPORT HECKWRITE DATE: 01/15/2008				
				FINANCIAL PAYER: NCDMH				
		+	1				TOTAL	TOTAL
PROVIDER		HIGH DENIAL	NUMBER OF		TNC	TOTAL	CLAIMS	CLAIMS
NUMBER	PROVIDER NAME	EOBS	DENIALS	DESCRIPTION	DENIALS	DENIALS	FINALIZED	PAID
3404901	SMOKY MOUNTAINM	11	1473	CLIENT NOT ELIGIBLE ON SERVICE				
	H/DD/SAS			DATE				
		8534	12	SERVICE FACILITY LOCATION IS N OT A VALID IPRS ATTENDING		0 1506	1622	110
				PROVIDER. PLEASE VERIFY THE F				
		8505	8	CLAIM DENIED DUE TO INSUFFICIE				
				NT BUDGET				
3404904	WESTERN HIGHLAN	21	9174	DUPLICATE OF CLAIM-SYSTEM				
	DS LME							
		8505	2256	CLAIM DENIED DUE TO INSUFFICIE  NT BUDGET		0 11513	23900	1238
		8800	38	FURTHER PROCESSING NECESSARY,				
				PLEASE CHECK FOR CLAIM ON				L
		-		FUTURE RA'S.				
3404910	PATHWAYS	8505	299	CLAIM DENIED DUE TO INSUFFICIE		+		
				NT BUDGET				
			+			+		
		11	70	CLIENT NOT ELIGIBLE ON SERVICE		6 500	3468	296
				DATE		1		
		8800	58	FURTHER PROCESSING NECESSARY, PLEASE CHECK FOR CLAIM ON				
				FUTURE RA'S.				
3404912		8326	271	ATTENDING PROVIDER NUMBER WAS				
3404912	CATAWBA COUNTYM ENTAL HEALT	8320	2/1	NOT SUBMITTED ON				
				THIS CLAIM OR THE NPI SUBMITTE				
		8536	221	ATTENDING PROVIDER TYPE AND SP		0 722	3095	237
				ECIALTY COMBINATION IS NOT		722	3033	237.
				VALID FOR SUBMITTED BILLING PR				
		8963	132	ATTENDING PROVIDER NPI IS NOT				
				NUMERIC. PLEASE RESUBMIT WITH CORRECT NPI NUMBER.				
				WIII COMMET IN I HOPEMAN.				
3404913	MECKLENBURG COM	8505	2974	CLAIM DENIED DUE TO INSUFFICIE NT BUDGET				
	ENTAL HEALT			NI BUDGET				
		8800	597	FURTHER PROCESSING NECESSARY, PLEASE CHECK FOR CLAIM ON		0 3801	3808	
				FUTURE RA'S.				
		8508	106	CLAIM DENIED NO BUDGET FOUND				
						1		
3404916	CROSSROADS BEHA	0	0	*** NO DATA TO REPORT ***				
	VIORAL HEAL							
			1	+		+		
		0	0			0 0	10	10
						1		
3404917	CENTERPOINT HUM	8505	327	CLAIM DENIED DUE TO INSUFFICIE				
	AN SERVICES		-	NT BUDGET		+		
		8599	149	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND		0 642	4665	402
				BENEFIT PACKAGE.				L
		8800	121	FURTHER PROCESSING NECESSARY,				
			141	PLEASE CHECK FOR CLAIM ON		+		
				FUTURE RA'S.				
3404919	GUILFORD CO MEN	8505	2821	CLAIM DENIED DUE TO INSUFFICIE		+		-
	TAL HEALTHC			NT BUDGET				
						1		
		8508	795	CLAIM DENIED NO BUDGET FOUND		0 4231	4363	13
			+			+		-
		8800	414	FURTHER PROCESSING NECESSARY,				
	1	1		PLEASE CHECK FOR CLAIM ON		1		
				FUTURE RA'S.				

								momar
PROVIDER		HIGH DENIAL	NUMBER OF		TNC	TOTAL	TOTAL	TOTAL
NUMBER	PROVIDER NAME	EOBS	DENIALS	DESCRIPTION	DENIALS	DENIALS	FINALIZED	PAID
3404920		0	0	*** NO DATA TO REPORT ***				
3404920	ALAMANCE CASWEL L AREA MH D	U	0	NO DATA TO REPORT				
	D PACENT VIII D							
		0	0		0	0	0	0
3404921	ORANGE PERSON C	8536	15	ATTENDING PROVIDER TYPE AND SP				
	HATHAM AREA			ECIALTY COMBINATION IS NOT				
				VALID FOR SUBMITTED BILLING PR				
		8518	12	*CLAIM DENIED. SUBMITTED BEYO	0	38	3341	3303
				ND TIMELY FILING LIMIT				
				IN EFFECT FOR THIS FISCAL YEAR				
		8654	4	ONLY 16 UNITS ALLOWED PER DAY				
			-	WITHOUT PRIOR				
				APPROVAL. PLEASE CORRECT THE				
	THE DURHAM CENT	8505	69	CLAIM DENIED DUE TO INSUFFICIE NT BUDGET				
	ER							
		8800	56	FURTHER PROCESSING NECESSARY,	0	125	128	3
				PLEASE CHECK FOR CLAIM ON				
		<del>                                     </del>		FUTURE RA'S.				
3404923	FIVE COUNTY MH	8505	1240	CLAIM DENIED DUE TO INSUFFICIE				
				NT BUDGET				
		8508	594	CLAIM DENIED NO BUDGET FOUND	_			
		0,300	224	CANADA DENIED NO BUDGET FUUND	0	2039	2134	95
		8800	155	FURTHER PROCESSING NECESSARY,				
		1		PLEASE CHECK FOR CLAIM ON FUTURE RA'S.				
				FOTORE RA 3.				
3404925	SANDHILLS CENTE	8505	9788	CLAIM DENIED DUE TO INSUFFICIE				
	R FOR MH/DD			NT BUDGET				
		8508	1601	CLAIM DENIED NO BUDGET FOUND		12901	13101	200
		0300	1001	CERTIFICATION TO DODGET TOWN	4	12901	13101	200
		8800	926	FURTHER PROCESSING NECESSARY, PLEASE CHECK FOR CLAIM ON				
				FUTURE RA'S.				
1 -								
3404926	SOUTHEASTERN RE	8536	247	ATTENDING PROVIDER TYPE AND SP				
3404926	SOUTHEASTERN RE G MENTAL HL	8536	247	ECIALTY COMBINATION IS NOT				
3404926		8536	247					
3404926		8536	247	ECIALTY COMBINATION IS NOT	4	937	8862	7925
3404926				ECIALTY COMBINATION IS NOT VALID FOR SUBMITTED BILLING PR FURTHER PROCESSING NECESSARY, PLEASE CHECK FOR CLAIM ON	4	937	8862	7925
3404926				ECIALTY COMBINATION IS NOT VALID FOR SUBMITTED BILLING PR FURTHER PROCESSING NECESSARY,	4	937	8862	7925
3404926		8800	165	ECIALTY COMBINATION IS NOT VALID FOR SUBMITTED BILLING PR FURTHER PROCESSING NECESSARY, PLEASE CHECK FOR CLAIM ON FUTURE RA'S.	4	937	8862	7925
3404926				ECIALTY COMBINATION IS NOT VALID FOR SUBMITTED BILLING PR FURTHER PROCESSING NECESSARY, PLEASE CHECK FOR CLAIM ON	4	937	8862	7925
3404926		8800	165	ECIALTY COMBINATION IS NOT VALID FOR SUBMITTED BILLING PR FURTHER PROCESSING NECESSARY, PLEASE CHECK FOR CLAIM ON FUTURE RA'S.	4	937	8862	7925
	G MENTAL HL	8800	165	ECIALTY COMENNATION IS NOT VALID FOR SUBMITTED BILLING PR FURTHER PROCESSING NECESSARY, FLEASE CHECK FOR CLAIM ON FUTURE RA'S. SERVICE REQUIRES PRIOR APPROVA L	4	937	8862	7925
3404926	G MENTAL HL	8800	165	ECIALTY COMENNATION IS NOT VALID FOR SUBMITTED BILLING PR FURTHER PROCESSING NECESSARY, PLEASE CHECK FOR CLAIM ON FUTURE RA'S. SERVICE REQUIRES PEIOR APPROVA L CLAIM DENIED DUE TO INSUFFICIE	4	937	8862	7925
	G MENTAL HL	8800	165	ECIALTY COMENNATION IS NOT VALID FOR SUBMITTED BILLING PR FURTHER PROCESSING NECESSARY, FURTHER PROCESSING NECESSARY, FUTURE RA'S. SERVICE REQUIRES PRIOR APPROVA L	4	937	8862	7925
	G MENTAL HL	8800	165	ECIALTY COMENNATION IS NOT VALID FOR SUBMITTED BILLING FR FURTHER PROCESSING NECESSARY, FLEASE CHECK FOR CLAIM ON FUTURE RA'S.  SERVICE REQUIRES FRIOR APPROVA L  CLAIM DENIED DUE TO INSUFFICIE NT BUDGET	4	937	8862	7925
	G MENTAL HL	8800	165	ECIALTY COMENNATION IS NOT VALID FOR SUBMITTED BILLING PR FURTHER PROCESSING NECESSARY, PLEASE CHECK FOR CLAIM ON FUTURE RA'S. SERVICE REQUIRES PEIOR APPROVA L CLAIM DENIED DUE TO INSUFFICIE	4	937	8862	7925
	G MENTAL HL	8800 23 8505	165	ECIALTY COMENNATION IS NOT VALID FOR SUBMITTED BILLING FR FURTHER PROCESSING NECESSARY, FLEASE CHECK FOR CLAIM ON FUTURE RA'S.  SERVICE REQUIRES FRIOR APPROVA L  CLAIM DENIED DUE TO INSUFFICIE NT BUDGET	4			
	G MENTAL HL	8800 23 8505	165	ECIALTY COMENNATION IS NOT VALID FOR SUBMITTED BILLING FR FURTHER PROCESSING NECESSARY, FLEASE CHECK FOR CLAIM ON FUTURE RA'S.  SERVICE REQUIRES FRIOR APPROVA L  CLAIM DENIED DUE TO INSUFFICIE NT BUDGET	4			
	G MENTAL HL	8800 23 8505	165	ECIALTY COMENNATION IS NOT VALID FOR SUBMITTED BILLING FR FURTHER PROCESSING NECESSARY, FLEASE CHECK FOR CLAIM ON FUTURE RA'S.  SERVICE REQUIRES FRIOR APPROVA L  CLAIM DENIED DUE TO INSUFFICIE NT BUDGET	4			
	G MENTAL HL	8800 23 8505	165 163 65	ECIALTY COMBINATION IS NOT VALID FOR SUBMINITED BILLING PR  FURTHER PROCESSING INCESSARY, FURENSE CHECK FOR CLAIM ON FUTURE RA'S.  SERVICE REQUIRES PRIOR APPROVA L  CLAIM DENIED DUE TO INSUFFICIE INT BUDGET  DUPLICATE OF CLAIM-SYSTEM  ATTENDING PROVIDER TYPE AND SP ECIALTY COMBINATION IS NOT	0			
	G MENTAL HL	8800 23 8505	165 163 65	ECIALTY COMENNATION IS NOT VALID FOR SUBMITTED BILLING FR FURTHER PROCESSING NECESSARY, FLEASE CHECK FOR CLAIM ON FUTURE RA'S.  SERVICE REQUIRES PRIOR APPROVA L  CLAIM DENIED DUE TO INSUFFICIE NT BUDGET  DUPLICATE OF CLAIM-SYSTEM  ATTENDING PROVIDER TYPE AND SP	0			
3404927	G MENTAL HL  CUMBERLAND CO M  HC	8800 23 8505 21	165 163 65	ECIALTY COMBINATION IS NOT VALID FOR SUBMITTED BILLING PR FURTHER PROCESSING INCESSARY, FURTHER PROCESSING INCESSARY, FUTURE RA'S.  SERVICE REQUIRES PRIOR APPROVA L  CLAIM DENIED DUE TO INSUFFICIE INT BUDGET  DUPLICATE OF CLAIM-SYSTEM  ATTENDING PROVIDER TYPE AND SP ECIALTY COMBINATION IS NOT VALID FOR SUBMITTED BILLING PR	0			
3404927	G MENTAL HL  CUMBERLAND CO M  HC  JOHNSTON COUNTY	8800 23 8505	165 163 65	ECIALTY COMBINATION IS NOT VALID FOR SUBMINITED BILLING PR  FURTHER PROCESSING INCESSARY, FURENSE CHECK FOR CLAIM ON FUTURE RA'S.  SERVICE REQUIRES PRIOR APPROVA L  CLAIM DENIED DUE TO INSUFFICIE INT BUDGET  DUPLICATE OF CLAIM-SYSTEM  ATTENDING PROVIDER TYPE AND SP ECIALTY COMBINATION IS NOT	0			
3404927	G MENTAL HL  CUMBERLAND CO M  HC	8800 23 8505 21	165 163 65	ECIALTY COMENINATION IS NOT VALID FOR SUBMITTED BILLING PR FURTHER PROCESSING NECESSARY, FLEASE CHECK FOR CLAIM ON FUTURE RA'S.  SERVICE REQUIRES PRIOR APPROVA L  CLAIM DENIED DUE TO INSUFFICIE NT BUDGET  DUPLICATE OF CLAIM-SYSTEM  ATTENDING PROVIDER TYPE AND SP ECIALTY COMENIATION IS NOT VALID FOR SUBMITTED BILLING PR  CLIENT ID NUMBER NOT ON STATE	0			
3404927	G MENTAL HL  CUMBERLAND CO M  HC  JOHNSTON COUNTY	8800 23 8505 21	165 163 65	ECIALTY COMENINATION IS NOT VALID FOR SUBMITTED BILLING PR FURTHER PROCESSING NECESSARY, FLEASE CHECK FOR CLAIM ON FUTURE RA'S.  SERVICE REQUIRES PRIOR APPROVA L  CLAIM DENIED DUE TO INSUFFICIE NT BUDGET  DUPLICATE OF CLAIM-SYSTEM  ATTENDING PROVIDER TYPE AND SP ECIALTY COMENIATION IS NOT VALID FOR SUBMITTED BILLING PR  CLIENT ID NUMBER NOT ON STATE	0			
3404927	G MENTAL HL  CUMBERLAND CO M  HC  JOHNSTON COUNTY	8800 23 8505 21	165 163 65	ECIALTY COMENINATION IS NOT VALID FOR SUBMITTED BILLING PR FURTHER PROCESSING NECESSARY, FLEASE CHECK FOR CLAIM ON FUTURE RA'S.  SERVICE REQUIRES PRIOR APPROVA L  CLAIM DENIED DUE TO INSUFFICIE NT BUDGET  DUPLICATE OF CLAIM-SYSTEM  ATTENDING PROVIDER TYPE AND SP ECIALTY COMENIATION IS NOT VALID FOR SUBMITTED BILLING PR  CLIENT ID NUMBER NOT ON STATE	0			
3404927	G MENTAL HL  CUMBERLAND CO M  HC  JOHNSTON COUNTY	8800 23 8505 21	165 163 65	ECIALTY COMENINATION IS NOT VALID FOR SUBMITTED BILLING PR FURTHER PROCESSING NECESSARY, FLEASE CHECK FOR CLAIM ON FUTURE RA'S.  SERVICE REQUIRES PRIOR APPROVA L  CLAIM DENIED DUE TO INSUFFICIE NT BUDGET  DUPLICATE OF CLAIM-SYSTEM  ATTENDING PROVIDER TYPE AND SP ECIALTY COMENIATION IS NOT VALID FOR SUBMITTED BILLING PR  CLIENT ID NUMBER NOT ON STATE	0			
3404927	G MENTAL HL  CUMBERLAND CO M  HC  JOHNSTON COUNTY	8800 23 8505 21	165 163 65	ECIALTY COMENNATION IS NOT VALID FOR SUBMITTED BILLING PR FURTHER PROCESSING NECESSARY, PLEASE CHECK FOR CLAIM ON FUTURE RA'S.  SERVICE REQUIRES PRIOR APPROVA L  CLAIM DENIED DUE TO INSUFFICIE NT BUDGET  DUPLICATE OF CLAIM-SYSTEM  ATTENDING PROVIDER TYPE AND SP ECIALTY COMENNATION IS NOT VALID FOR SUBMITTED BILLING PR  CLIENT ID NUMBER NOT ON STATE ELIGIBILITY FILE  CLAIM DENIED DUE TO INSUFFICIE  CLAIM DENIED DUE TO INSUFFICIE	0			
3404927	G MENTAL HL  CUMBERLAND CO M  HC  JOHNSTON COUNTY  MOTE HITTEC	8800 23 8505 21 8536	165 163 65 55 51	ECIALTY COMBINATION IS NOT VALID FOR SUBMITTED BILLING FR FURTHER PROCESSING NECESSARY, FLEASE CHECK FOR CLAIM ON FUTURE RA'S.  SERVICE REQUIRES PRIOR APPROVA L  CLAIM DENIED DUE TO INSUFFICIE NE BUDGET  DUPLICATE OF CLAIM-SYSTEM  ATTENDING PROVIDER TYPE AND SP ECIALTY COMBINATION IS NOT VALID FOR SUBMITTED BILLING PR  CLIENT ID NUMBER NOT ON STATE ELIGIBILITY FILE	0			
3404927	G MENTAL HL  CUMBERLAND CO M  HC  JOHNSTON COUNTY  MONTL HIGHE  WAKE CO HUM SVC	8800 23 8505 21 8536	165 163 65 55 51	ECIALTY COMENNATION IS NOT VALID FOR SUBMITTED BILLING PR FURTHER PROCESSING NECESSARY, PLEASE CHECK FOR CLAIM ON FUTURE RA'S.  SERVICE REQUIRES PRIOR APPROVA L  CLAIM DENIED DUE TO INSUFFICIE NT BUDGET  DUPLICATE OF CLAIM-SYSTEM  ATTENDING PROVIDER TYPE AND SP ECIALTY COMENNATION IS NOT VALID FOR SUBMITTED BILLING PR  CLIENT ID NUMBER NOT ON STATE ELIGIBILITY FILE  CLAIM DENIED DUE TO INSUFFICIE  CLAIM DENIED DUE TO INSUFFICIE	0			
3404927	G MENTAL HL  CUMBERLAND CO M  HC  JOHNSTON COUNTY  MONTL HIGHE  WAKE CO HUM SVC	8800 23 8505 21 143	165 163 65 55 51	ECIALTY COMENNATION IS NOT VALID FOR SUBMITTED BILLING PR FURTHER PROCESSING NECESSARY, FLEARS CHECK FOR CLAIM ON FUTURE RA'S.  SERVICE REQUIRES FRIOR APPROVA L  CLAIM DENIED DUE TO INSUFFICIE NT BUDGET  ATTENDING PROVIDER TYPE AND SP ECIALTY COMENNATION IS NOT VALID FOR SUBMITTED BILLING PR CLIENT ID NUMBER NOT ON STATE ELIGIBILITY FILE  CLAIM DENIED DUE TO INSUFFICIE  CLIENT ID NUMBER NOT ON STATE ELIGIBILITY FILE  CLAIM DENIED DUE TO INSUFFICIE  NT BUDGET	0	309	1845	1536
3404927	G MENTAL HL  CUMBERLAND CO M  HC  JOHNSTON COUNTY  MONTL HIGHE  WAKE CO HUM SVC	8800 23 8505 21 8536	165 163 65 55 51	ECIALTY COMENNATION IS NOT VALID FOR SUBMITTED BILLING PR FURTHER PROCESSING NECESSARY, PLEASE CHECK FOR CLAIM ON FUTURE RA'S.  SERVICE REQUIRES PRIOR APPROVA L  CLAIM DENIED DUE TO INSUFFICIE NT BUDGET  DUPLICATE OF CLAIM-SYSTEM  ATTENDING PROVIDER TYPE AND SP ECIALTY COMENNATION IS NOT VALID FOR SUBMITTED BILLING PR  CLIENT ID NUMBER NOT ON STATE ELIGIBILITY FILE  CLAIM DENIED DUE TO INSUFFICIE  CLAIM DENIED DUE TO INSUFFICIE	0			
3404927	G MENTAL HL  CUMBERLAND CO M  HC  JOHNSTON COUNTY  MONTL HIGHE  WAKE CO HUM SVC	8800 23 8505 21 143	165 163 65 55 51	ECIALTY COMBINATION IS NOT VALID FOR SUBMITTED BILLING FR FURTHER PROCESSING NECESSARY, FLEASE CHECK FOR CLAIM ON FUTURE RA'S.  SERVICE REQUIRES PRIOR APPROVA L  CLAIM DENIED DUE TO INSUFFICIE NOT BUDGET  DUPLICATE OF CLAIM-SYSTEM  ATTENDING PROVIDER TYPE AND SP ECIALTY COMBINATION IS NOT VALID FOR SUBMITTED BILLING PR  CLIENT ID NUMBER NOT ON STATE ELIGIBILITY FILE  CLAIM DENIED DUE TO INSUFFICIE NT BUDGET  CLAIM DENIED DUE TO INSUFFICIE NT BUDGET  CLAIM DENIED DUE TO INSUFFICIE FURTHER PROCESSING NECESSARY,	0	309	1845	1536
3404930	CUMBERLAND CO M HC  CUMBERLAND CO M HC  JOHNSTON COUNTY MONTL HLTHC  WAKE CO HUM SVC  BILLING OF	8800 23 8505 21 8536 143 0 8505	165 163 65 55 51 2 2 0 60	ECIALTY COMENNATION IS NOT VALID FOR SUBMITTED BILLING PR FURTHER PROCESSING NECESSARY, FLEARS CHECK FOR CLAIM ON FUTURE RA'S.  SERVICE REQUIRES PRIOR APPROVA L  CLAIM DENIED DUE TO INSUFFICIE NT BUDGET  DUPLICATE OF CLAIM-SYSTEM  ATTENDING PROVIDER TYPE AND SP ECIALTY COMENNATION IS NOT VALID FOR SUBMITTED BILLING PR  CLIENT ID NUMBER NOT ON STATE ELIGIBILITY FILE  CLAIM DENIED DUE TO INSUFFICIE NT BUDGET  CLAIM DENIED DUE TO INSUFFICIE NT BUDGET  FURTHER PROCESSING NECESSARY, FLEASE CHECK FOR CLAIM ON FUTURE RA'S.	0	309	1845	1536
3404927 3404930 3404931	G MENTAL HL  CUMBERLAND CO M  HC  JOHNSTON COUNTY  MNTL HLTHC  WAKE CO HUM SVC  BILLING OF	8800 23 8505 21 143	165 163 65 55 51	ECIALTY COMENNATION IS NOT VALID FOR SUMMITTED BILLING PR FURTHER PROCESSING NECESSARY, FLEARS CHECK FOR CLAIM ON FUTURE RA'S.  SERVICE REQUIRES FRIOR APPROVA L  CLAIM DENIED DUE TO INSUFFICIE NT BUDGET  ATTENDING PROVIDER TYPE AND SP ECIALTY COMENNATION IS NOT VALID FOR SUMMITTED BILLING PR  CLIENT ID NUMBER NOT ON STATE ELIGIBILITY FILE  CLAIM DENIED DUE TO INSUFFICIE  NE BUDGET  CLAIM DENIED DUE TO INSUFFICIE  RE BUDGET  CLAIM DENIED DUE TO INSUFFICIE  NE BUDGET  CLAIM DENIED DUE TO INSUFFICIE  CLAIM DENIED DUE TO INSUFFICIE	0	309	1845	1536
3404927 3404930 3404931	CUMBERLAND CO M HC  CUMBERLAND CO M HC  JOHNSTON COUNTY MONTL HLTHC  WAKE CO HUM SVC  BILLING OF	8800 23 8505 21 8536 143 0 8505	165 163 65 55 51 2 2 0 60	ECIALTY COMENNATION IS NOT VALID FOR SUBMITTED BILLING PR FURTHER PROCESSING NECESSARY, FLEARS CHECK FOR CLAIM ON FUTURE RA'S.  SERVICE REQUIRES PRIOR APPROVA L  CLAIM DENIED DUE TO INSUFFICIE NT BUDGET  DUPLICATE OF CLAIM-SYSTEM  ATTENDING PROVIDER TYPE AND SP ECIALTY COMENNATION IS NOT VALID FOR SUBMITTED BILLING PR  CLIENT ID NUMBER NOT ON STATE ELIGIBILITY FILE  CLAIM DENIED DUE TO INSUFFICIE NT BUDGET  CLAIM DENIED DUE TO INSUFFICIE NT BUDGET  FURTHER PROCESSING NECESSARY, FLEASE CHECK FOR CLAIM ON FUTURE RA'S.	0	309	1845	1536
3404927 3404930 3404931	G MENTAL HL  CUMBERLAND CO M  HC  JOHNSTON COUNTY  MNTL HLTHC  WAKE CO HUM SVC  BILLING OF	8800 23 8505 21 8536 143 8536 8505	165 163 65 55 51 2 2 0 60	ECIALTY COMBINATION IS NOT VALID FOR SUBMITTED BILLING FR FURTHER PROCESSING NECESSARY, FLEASE CHECK FOR CLAIM ON FUTURE RA'S.  SERVICE REQUIRES PRIOR APPROVA L  CLAIM DENIED DUE TO INSUFFICIE WIT BUDGET  ATTENDING PROVIDER TYPE AND SP ECIALTY COMBINATION IS NOT VALID FOR SUBMITTED BILLING PR CLIENT ID NUMBER NOT ON STATE ELICIBILITY FILE  CLAIM DENIED DUE TO INSUFFICIE NT BUDGET  CLAIM DENIED DUE TO INSUFFICIE NT BUDGET  FURTHER PROCESSING NECESSARY, FLEASE CHECK FOR CLAIM ON FUTURE RA'S.  CLAIM DENIED DUE TO INSUFFICIE NT BUDGET	0	309	1845	1536
3404927 3404930 3404931	G MENTAL HL  CUMBERLAND CO M  HC  JOHNSTON COUNTY  MNTL HLTHC  WAKE CO HUM SVC  BILLING OF	8800 23 8505 21 8536 143 0 8505	165 163 65 55 51 2 2 0 60	ECIALTY COMENNATION IS NOT VALID FOR SUBMITTED BILLING PR FURTHER PROCESSING NECESSARY, FLEASE CHECK FOR CLAIM ON FUTURE RA'S.  SERVICE REQUIRES PRIOR APPROVA L  CLAIM DENIED DUE TO INSUFFICIE NT BUDGET  ATTENDING PROVIDER TYPE AND SP ECIALTY COMENNATION IS NOT VALID FOR SUBMITTED BILLING FR  CLIENT ID NUMBER NOT ON STATE ELIGIBILITY FILE  CLAIM DENIED DUE TO INSUFFICIE NT BUDGET  FURTHER PROCESSING NECESSARY, FLEASE CHECK FOR CLAIM ON FUTURE RA'S.  CLAIM DENIED DUE TO INSUFFICIE NT BUDGET	0	309	1845	1536
3404927 3404930 3404931	G MENTAL HL  CUMBERLAND CO M  HC  JOHNSTON COUNTY  MNTL HLTHC  WAKE CO HUM SVC  BILLING OF	8800 23 8505 21 8536 143 8536 8505	165 163 65 55 51 2 2 0 60	ECIALTY COMENNATION IS NOT VALID FOR SUBMITTED BILLING FR FURTHER PROCESSING NECESSARY, FLEARS CHECK FOR CLAIM ON FUTURE BA'S.  SERVICE REQUIRES PRIOR APPROVA L  CLAIM DENIED DUE TO INSUFFICIE NT BUDGET  ATTENDING PROVIDER TYPE AND SP ECIALTY COMENNATION IS NOT VALID FOR SUBMITTED BILLING FR  CLIENT ID NUMBER NOT ON STATE ELIGIBILITY FILE  CLAIM DENIED DUE TO INSUFFICIE NT BUDGET  THETHER PROCESSING NECESSARY, FLEASE CHECK FOR CLAIM ON FUTURE RA'S.  CLAIM DENIED DUE TO INSUFFICIE NT BUDGET  CLAIM DENIED DUE TO INSUFFICIE NT BUDGET  CLAIM DENIED DUE TO INSUFFICIE NT BUDGET  DETAIL NOT COVERED BY COMBINAT  DON OF RECIPIENT, PROCUDER AND	0	2	1845	1536
3404927 3404930 3404931	G MENTAL HL  CUMBERLAND CO M  HC  JOHNSTON COUNTY  MNTL HLTHC  WAKE CO HUM SVC  BILLING OF	8800 23 8505 21 8536 143 8536 8505	165 163 65 55 51 2 2 0 60	ECIALTY COMENNATION IS NOT VALID FOR SUBMITTED BILLING PR FURTHER PROCESSING NECESSARY, FLEASE CHECK FOR CLAIM ON FUTURE RA'S.  SERVICE REQUIRES PRIOR APPROVA L  CLAIM DENIED DUE TO INSUFFICIE NT BUDGET  ATTENDING PROVIDER TYPE AND SP ECIALTY COMENNATION IS NOT VALID FOR SUBMITTED BILLING FR  CLIENT ID NUMBER NOT ON STATE ELIGIBILITY FILE  CLAIM DENIED DUE TO INSUFFICIE NT BUDGET  FURTHER PROCESSING NECESSARY, FLEASE CHECK FOR CLAIM ON FUTURE RA'S.  CLAIM DENIED DUE TO INSUFFICIE NT BUDGET	0	2	1845	1536
3404927 3404930 3404931	G MENTAL HL  CUMBERLAND CO M  HC  JOHNSTON COUNTY  MNTL HLTHC  WAKE CO HUM SVC  BILLING OF	8800 23 8505 21 8536 143 8536 8505	165 163 65 55 51 2 2 0 60	ECIALTY COMENNATION IS NOT VALID FOR SUBMITTED BILLING FR FURTHER PROCESSING NECESSARY, FLEARS CHECK FOR CLAIM ON FUTURE BA'S.  SERVICE REQUIRES PRIOR APPROVA L  CLAIM DENIED DUE TO INSUFFICIE NT BUDGET  ATTENDING PROVIDER TYPE AND SP ECIALTY COMENNATION IS NOT VALID FOR SUBMITTED BILLING FR  CLIENT ID NUMBER NOT ON STATE ELIGIBILITY FILE  CLAIM DENIED DUE TO INSUFFICIE NT BUDGET  THETHER PROCESSING NECESSARY, FLEASE CHECK FOR CLAIM ON FUTURE RA'S.  CLAIM DENIED DUE TO INSUFFICIE NT BUDGET  CLAIM DENIED DUE TO INSUFFICIE NT BUDGET  CLAIM DENIED DUE TO INSUFFICIE NT BUDGET  DETAIL NOT COVERED BY COMBINAT  DON OF RECIPIENT, PROCUDER AND	0	2	1845	1536
3404927	G MENTAL HL  CUMBERLAND CO M  HC  JOHNSTON COUNTY  MNTL HLTHC  WAKE CO HUM SVC  BILLING OF	8800 23 8505 21 21 8536 8536 8505 8800	165 163 65 55 51 2 2 60 60 610	ECIALTY COMENNATION IS NOT VALID FOR SUMMITTED BILLING PR FURTHER PROCESSING NECESSARY, FLEASE CHECK FOR CLAIM ON FUTURE RA'S.  SERVICE REQUIRES PRIOR APPROVA L  CLAIM DENIED DUE TO INSUFFICIE NT BUDGET  ATTENDING PROVIDER TYPE AND SP ECIALTY COMENNATION IS NOT VALID FOR SUMMITTED BILLING PR CLIENT ID NUMBER NOT ON STATE ELIGIBILITY FILE  CLAIM DENIED DUE TO INSUFFICIE NT BUDGET  CLAIM DENIED DUE TO INSUFFICIE NT BUDGET  FUTURE RA'S.  CLAIM DENIED DUE TO INSUFFICIE NT BUDGET  DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENNET TPACKAGE PROVIDER TYPE AND SP PROVIDER TYPE AND SP ELIGIBILITY FILE  CLAIM DENIED DUE TO INSUFFICIE NT BUDGET  DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENNET TPACKAGE PROVIDER TYPE AND SPECIALTY 07 4/113 CANNOT BILL ENBANCED	0	2	1845	1536
3404927	G MENTAL HL  CUMBERLAND CO M  HC  JOHNSTON COUNTY  MNTL HLTHC  WAKE CO HUM SVC  BILLING OF	8800 23 8505 21 21 8536 8536 8505 8800	165 163 65 55 51 2 2 60 60 610	ECIALTY COMENNATION IS NOT VALID FOR SUBMITTED BILLING PR FURTHER PROCESSING NECESSARY, FLEARE CHECK FOR CLAIM ON FUTURE RA'S.  SERVICE REQUIRES PRIOR APPROVA  L  CLAIM DENIED DUE TO INSUFFICIE NT BUDGET  DUPLICATE OF CLAIM-SYSTEM  ATTENDING PROVIDER TYPE AND SP ECIALTY COMENNATION IS NOT VALID FOR SUBMITTED BILLING PR  CLIENT ID NUMBER NOT ON STATE ELICIBILITY FILE  FURTHER PROCESSING NECESSARY, FLEASE CHECK FOR CLAIM ON FUTURE RA'S.  CLAIM DENIED DUE TO INSUFFICIE NT BUDGET  FURTHER PROCESSING NECESSARY, FLEASE CHECK FOR CLAIM ON FUTURE RA'S.  CLAIM DENIED DUE TO INSUFFICIE NT BUDGET  CHAIM DENIED DUE TO INSUFFICIE NT BUDGET  CHAIM DENIED DUE TO INSUFFICIE  ON FUTURE RA'S.  CHAIM DENIED DUE TO INSUFFICIE  OFFAIL NOT COVERED BY COMBINAT ION OF PRECIPIENT, PROVIDER AND BROWLER TYPE AND SPECIALTY OT	0 0 0	2	1845	1536

PROVIDER NUMBER							TOTAL	
NUMBER		HIGH DENIAL	NUMBER OF		TNC	TOTAL	CLAIMS	TOTAL
	PROVIDER NAME	EOBS	DENIALS	DESCRIPTION	DENIALS	DENIALS	FINALIZED	PAID
3404934	ONSLOW CARTERET	8599	644	DETAIL NOT COVERED BY COMBINAT				
	BEHAV HEAL			ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				
				BENEFIT PACKAGE.				
		8505	548	CLAIM DENIED DUE TO INSUFFICIE	0	2403	4926	2523
				NT BUDGET		2403	1920	2323
		8518	476	"CLAIM DENIED. SUBMITTED BEYO				
				ND TIMELY FILING LIMIT				
				IN EFFECT FOR THIS FISCAL YEAR				
3404935		0	0	*** NO DATA TO REPORT ***				
3101333	WAYNE CO MENTAL HEALTH CTR			NO DATA TO RELOKT				
	manufii Cik							
		0	0		0	0	0	0
3404936	THE BEACON CENT	0	0	*** NO DATA TO REPORT ***				
	ER							
		0	0		0	0	0	
							· ·	
		1					<del>                                     </del>	
3404937	THE BEACON CENT	8536	63	ATTENDING PROVIDER TYPE AND SP				
	ER			ECIALTY COMBINATION IS NOT				
			1 -	VALID FOR SUBMITTED BILLING PR				
ļ		0500	2	DDM111 NOW GOVERNOOD DV G			<u> </u>	
		8599	3	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND	0	70	4113	4043
<del>                                     </del>			1	ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.			<del>                                     </del>	
	-	1					+	
l		79	2	THIS SERVICE IS NOT PAYABLE TO			+	
		<u> </u>		YOUR SUBMITTED BILLING			+	
		1		PROVIDER TYPE AND SPECIALTY IN			<del>                                     </del>	
3404939	EAST CAROLINA B	8505	2763	CLAIM DENIED DUE TO INSUFFICIE				
	EHAVIORAL H			NT BUDGET				
		8800	274	FURTHER PROCESSING NECESSARY,	0	3231	4554	1323
				PLEASE CHECK FOR CLAIM ON FUTURE RA'S.				
				FUTURE RA'S.				
		8599	59	DETAIL NOT COVERED BY COMBINAT				
				ION OF RECIPIENT, PROVIDER AND				
				BENEFIT PACKAGE.				
3404941	EAST CAROLINA B	0	0	*** NO DATA TO REPORT ***				
	EHAVIORAL H							
			0					
		0	U		0	0	0	0
3404942	EAST CAROLINA B	0	0	*** NO DATA TO REPORT ***				
	EHAVIORAL H							
	DIDAY TOTOLD II							
							1	
			0					
		0			0	0	0	0
		0	-		0	0	0	0
		0			0	0	0	0
3404943	ALBEMARLE MENTA	11	275	CLIENT NOT ELIGIBLE ON SERVICE	0	0	0	0
3404943	ALBEMARLE MENTA L HEALTH CE			CLIENT NOT ELIGIBLE ON SERVICE DATE	0	0	0	0
3404943					0	0	0	0
3404943		11	275	DATE	0			0
3404943				DATE SERVICE FACILITY LOCATION IS N	0	447		1975
3404943		11	275	DATE	0			1975
3404943		11	275	DATE SERVICE FACILITY LOCATION IS N OT A VALID IPRS ATTENDING	0			1975
3404943		11	275	DATE SERVICE FACILITY LOCATION IS N OT A VALID IPRS ATTENDING	0			1975
3404943		11 8534	275	DATE  SERVICE FACILITY LOCATION IS N  OT A VALID IPPS ATTENDING  FROVIDER. PLEASE VERIFY THE F  THIS SERVICE IS NOT PAYABLE TO  YOUR SUBMITTED BILLING	0			1975
3404943		11 8534	275	DATE  SERVICE FACILITY LOCATION IS N  OT A VALID IPPS ATTENDING  PROVIDER. PLEASE VERIFY THE F  THIS SERVICE IS NOT PAYABLE TO	0			1975
	L HEALTH CE	11 8534	275	DATE  SERVICE FACILITY LOCATION IS N  OT A VALID IPPS ATTENDING PROVIDER. PLEASE VERIFY THE F  THIS SERVICE IS NOT PAYABLE TO YOUR SUBMITTED BILLING PROVIDER TYPE AND SPECIALTY IN	0			1975
3404943	L HEALTH CE	11 8534	275	DATE  SERVICE FACILITY LOCATION IS N  OT A VALID IPES ATTENDING PROVIDER. PLEASE VERIFY THE F  THIS SERVICE IS NOT PAYABLE TO YOUR SUBMITTED BILLING PROVIDER TYPE AND SPECIALTY IN  DETAIL NOT COVERED BY COMBINAT	0			1975
	L HEALTH CE	11 8534	275	DATE  SERVICE FACILITY LOCATION IS N  OT A VALID IPES ATTENDING  PROVIDER. PLEASE VERIFY THE F  THIS SERVICE IS NOT PAYABLE TO  YOUR SUBMITTED BILLING  PROVIDER TYPE AND SPECIALTY IN  DETAIL NOT COVERED BY COMBINAT  LON OF RECEPIENT, PROVIDER AND	0			1975
	L HEALTH CE	11 8534	275	DATE  SERVICE FACILITY LOCATION IS N  OT A VALID IPES ATTENDING PROVIDER. PLEASE VERIFY THE F  THIS SERVICE IS NOT PAYABLE TO YOUR SUBMITTED BILLING PROVIDER TYPE AND SPECIALTY IN  DETAIL NOT COVERED BY COMBINAT	0			1975
	L HEALTH CE	11 8534	275	DATE  SERVICE FACILITY LOCATION IS N  OT A VALID IPES ATTENDING  FROVIDER. PLEASE VERIFY THE F  THIS SERVICE IS NOT PAYABLE TO  YOUR SUBMITTED BILLING  FROVIDER TYPE AND SPECIAITY IN  DEFAIL NOT COVERED BY COMBINAT  ION OF RECIPIENT, PROVIDER AND  BENEFIT PACKAGE.	0	447	2422	
	L HEALTH CE	11 8534 79	275 48 47	DATE  SERVICE FACILITY LOCATION IS N  OT A VALID IPES ATTENDING  PROVIDER. PLEASE VERIFY THE F  THIS SERVICE IS NOT PAYABLE TO  YOUR SUBMITTED BILLING  PROVIDER TYPE AND SPECIALTY IN  DETAIL NOT COVERED BY COMBINAT  LON OF RECIPIENT, PROVIDER AND	0		2422	
	L HEALTH CE	11 8534 79	275 48 47	DATE  SERVICE FACILITY LOCATION IS N  OT A VALID IPES ATTENDING PROVIDER. PLEASE VERIFY THE F  THIS SERVICE IS NOT PAYABLE TO YOUR SUBMITTED BILLING PROVIDER TYPE AND SPECIALTY IN  DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT FACKAGE.  60 RESIDENTIAL LEVEL II TREATM	0	447	2422	
	L HEALTH CE	11 8534 79	275 48 47	DATE  SERVICE FACILITY LOCATION IS N  OT A VALID IPES ATTENDING PROVIDER. PLEASE VERIFY THE F  THIS SERVICE IS NOT PAYABLE TO YOUR SUBMITTED BILLING PROVIDER TYPE AND SPECIALTY IN  DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BRINEFIT PACKAGE.  60 RESIDENTIAL LEVEL II TREATM ENT RECEIVED, PA IS REQUIRED FOR ADDITIONAL SERVICE.	0	447	2422	
	L HEALTH CE	11 8534 79	275 48 47	DATE  SERVICE FACILITY LOCATION IS N  OT A VALID IPES ATTENDING  FROVIDER. PLEASE VERIFY THE F  THIS SERVICE IS NOT PAYABLE TO  YOUR SUBMITTED BILLING  FROVIDER TYPE AND SPECIALTY IN  DEFAIL NOT COVERED BY COMBINAT  ION OF RECIPIENT, PROVIDER AND  BENNETT PACKAGE.  60 RESIDENTIAL LEVEL II TREATM  SMY RECEIVE, PA IS REQUIRED  FOR ADDITIONAL SERVICE.  ATTENDING PROVIDER TYPE AND SP	0	447	2422	
	L HEALTH CE	11 0534 79 0599	275 48 47 172	DATE  SERVICE FACILITY LOCATION IS N  OT A VALID IFRS ATTENDING PROVIDER. PLEASE VERIFY THE F  THIS SERVICE IS NOT PAYABLE TO YOUR SUBMITTED BILLING PROVIDER TYPE AND SPECIALTY IN  DETAIL NOT COVERED BY COMBINAT  ION OF RECIPIENT, PROVIDER AND BENEFIT FACKAGE.  60 RESIDENTIAL LEVEL II TREATM ENT RECIPIED, PA IS REQUIRED FOR ADDITIONAL SERVICE.  ATTENDING PROVIDER TYPE AND SP ECIALTY COMBINATION IS NOT	0	447	2422	
	L HEALTH CE	11 0534 79 0599	275 48 47 172	DATE  SERVICE FACILITY LOCATION IS N  OT A VALID IPES ATTENDING  FROVIDER. PLEASE VERIFY THE F  THIS SERVICE IS NOT PAYABLE TO  YOUR SUBMITTED BILLING  FROVIDER TYPE AND SPECIALTY IN  DEFAIL NOT COVERED BY COMBINAT  ION OF RECIPIENT, PROVIDER AND  BENNETT PACKAGE.  60 RESIDENTIAL LEVEL II TREATM  SMY RECEIVE, PA IS REQUIRED  FOR ADDITIONAL SERVICE.  ATTENDING PROVIDER TYPE AND SP	0	447	2422	
3404944	L HEALTH CE  RASTPOINTE HUMA N SERVICES	11 8534 79 8599 8622	275 48 47 172 22	DATE  SERVICE FACILITY LOCATION IS N  OT A VALID IPPS ATTENDING  PROVIDER. PLEASE VERIFY THE F  THIS SERVICE IS NOT PAYABLE TO  YOUR SUBMITTED BILLING  FROVIDER TYPE AND SPECIALTY IN  DETAIL NOT COVERED BY COMBINAT  LON OF RECIPIENT, PROVIDER AND  BENEFIT FACKAGE.  60 RESIDENTIAL LEVEL II TREATM  BAT RECEIVED, PA IS REQUIRED  FOR ADDITIONAL SERVICE.  ATTENDING PROVIDER TYPE AND SP  ECIALTY COMBINATION IS NOT  VALID FOR SUBMITTED BILLING PR	0	447	2422	
	L HEALTH CE  EASTPOINTE HUMA N SERVICES  FOOTHILLS AREAM	11 0534 79 0599	275 48 47 172	DATE  SERVICE FACILITY LOCATION IS N  OT A VALID IPES ATTENDING PROVIDER. PLEASE VERIFY THE F  THIS SERVICE IS NOT PAYABLE TO YOUR SUBMITTED BILLING PROVIDER TYPE AND SPECIALTY IN  DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT FACKAGE.  60 RESIDENTIAL LEVEL II TREATM ENT RECEIVED, PA IS REQUIRED FOR ADDITIONAL SERVICE.  ATTENDING PROVIDER TYPE AND SP SCHAFTY COMBINATION IS NOT VALID FOR SUBMITTED BILLING FR  FROCEDURE IS NOT COVERED FOR T	0	447	2422	
3404944	L HEALTH CE  RASTPOINTE HUMA N SERVICES	11 8534 79 8599 8622	275 48 47 172 22	DATE  SERVICE FACILITY LOCATION IS N  OT A VALID IPPS ATTENDING  PROVIDER. PLEASE VERIFY THE F  THIS SERVICE IS NOT PAYABLE TO  YOUR SUBMITTED BILLING  FROVIDER TYPE AND SPECIALTY IN  DETAIL NOT COVERED BY COMBINAT  LON OF RECIPIENT, PROVIDER AND  BENEFIT FACKAGE.  60 RESIDENTIAL LEVEL II TREATM  BAT RECEIVED, PA IS REQUIRED  FOR ADDITIONAL SERVICE.  ATTENDING PROVIDER TYPE AND SP  ECIALTY COMBINATION IS NOT  VALID FOR SUBMITTED BILLING PR	0	447	2422	
3404944	L HEALTH CE  EASTPOINTE HUMA N SERVICES  FOOTHILLS AREAM	11 8534 79 8599 8622	275 48 47 172 22	DATE  SERVICE FACILITY LOCATION IS N  OT A VALID IPES ATTENDING PROVIDER. PLEASE VERIFY THE F  THIS SERVICE IS NOT PAYABLE TO YOUR SUBMITTED BILLING PROVIDER TYPE AND SPECIALTY IN  DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT FACKAGE.  60 RESIDENTIAL LEVEL II TREATM ENT RECEIVED, PA IS REQUIRED FOR ADDITIONAL SERVICE.  ATTENDING PROVIDER TYPE AND SP SCHAFTY COMBINATION IS NOT VALID FOR SUBMITTED BILLING FR  FROCEDURE IS NOT COVERED FOR T	0	447	2422	
3404944	L HEALTH CE  EASTPOINTE HUMA N SERVICES  FOOTHILLS AREAM	11 8534 79 8599 8622	275 48 47 172 22	DATE  SERVICE FACILITY LOCATION IS N  OT A VALID IPES ATTENDING PROVIDER. PLEASE VERIFY THE F  THIS SERVICE IS NOT PAYABLE TO YOUR SUBMITTED BILLING PROVIDER TYPE AND SPECIALTY IN  DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT FACKAGE.  60 RESIDENTIAL LEVEL II TREATM ENT RECEIVED, PA IS REQUIRED FOR ADDITIONAL SERVICE.  ATTENDING PROVIDER TYPE AND SP SCHAFTY COMBINATION IS NOT VALID FOR SUBMITTED BILLING FR  FROCEDURE IS NOT COVERED FOR T	0	215	2422	1434
3404944	L HEALTH CE  EASTPOINTE HUMA N SERVICES  FOOTHILLS AREAM	8534 79 8599 8622 8536	275 48 47 172 22 18	DATE  SERVICE FACILITY LOCATION IS N  OT A VALID IPRS ATTENDING FROVIDER. FLEASE VERIFY THE F  THIS SERVICE IS NOT PAYABLE TO YOUR SUBMITTED BILLING FROVIDER TYPE AND SPECIALTY IN  DETAIL NOT COVERED BY COMBINAT LON OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.  60 RESIDENTIAL LEVEL II TREATM ENT RECEIVE, PA IS REQUIRED FOR ADDITIONAL SERVICE.  ATTENDING PROVIDER TYPE AND SP ECIALTY COMBINATION IS NOT  VALID FOR SERVICE IN NOT COVERED FOR T  HIS DATE OF SERVICE	0	447	2422	1434
3404944	L HEALTH CE  EASTPOINTE HUMA N SERVICES  FOOTHILLS AREAM	8534 79 8599 8622 8536	275 48 47 172 22 18	DATE  SERVICE FACILITY LOCATION IS N  OT A VALID IPES ATTENDING  PROVIDER. PLEASE VERIFY THE F  THIS SERVICE IS NOT PAYABLE TO  YOUR SUBMITTED BILLING  FROUTIER TYPE AND SPECIALTY IN  DETAIL NOT COVERED BY COMBINAT  ION OF RECIPIENT, PROVIDER AND  BENNETT PACKAGE.  60 RESIDENTIAL LEVEL II TREATM  ENT RECEIVED, PA IS REQUIRED  FOR ADDITIONAL SERVICE.  ATTENDING PROVIDER TYPE AND SP  SCIALTY COMBINATION IS NOT  VALID FOR SUBMITTED BILLING PR  PROCEDURE IS NOT COVERED FOR T  HIS DATE OF SERVICE  THIS SERVICE IS NOT PAYABLE TO	0	215	2422	1434
3404944	L HEALTH CE  EASTPOINTE HUMA N SERVICES  FOOTHILLS AREAM	8534 79 8599 8622 8536	275 48 47 172 22 18	DATE  SERVICE FACILITY LOCATION IS N  OT A VALID IPPS ATTENDING PROVIDER. PLEASE VERIFY THE F  THIS SERVICE IS NOT PAVABLE TO YOUR SUBMITTED BILLING PROVIDER TYPE AND SPECIALTY IN  DETAIL NOT COVERED BY COMBINAT LON OF RECIFIENT, PROVIDER AND BENEFIT PACKAGE.  60 RESIDENTIAL LEVEL II TREATM EATH RECEIVED, PA IS REQUIRED POR ADDITIONAL SERVICE.  ATTENDING PROVIDER TYPE AND SP ECIALTY COMBINATION IS NOT VALID FOR SUBMITTED BILLING PR  PROCEDURE IS NOT COVERED FOR T  HIS DATE OF SERVICE  THIS SERVICE IS NOT PAYABLE TO YOUR SUBMITTED BILLING	0	215	2422	1434
3404944	L HEALTH CE  EASTPOINTE HUMA N SERVICES  FOOTHILLS AREAM	8534 79 8599 8622 8536	275 48 47 172 22 18	DATE  SERVICE FACILITY LOCATION IS N  OT A VALID IPPS ATTENDING PROVIDER. PLEASE VERIFY THE F  THIS SERVICE IS NOT PAVABLE TO YOUR SUBMITTED BILLING PROVIDER TYPE AND SPECIALTY IN  DETAIL NOT COVERED BY COMBINAT LON OF RECIFIENT, PROVIDER AND BENEFIT PACKAGE.  60 RESIDENTIAL LEVEL II TREATM EATH RECEIVED, PA IS REQUIRED POR ADDITIONAL SERVICE.  ATTENDING PROVIDER TYPE AND SP ECIALTY COMBINATION IS NOT VALID FOR SUBMITTED BILLING PR  PROCEDURE IS NOT COVERED FOR T  HIS DATE OF SERVICE  THIS SERVICE IS NOT PAYABLE TO YOUR SUBMITTED BILLING	0	215	2422	1434
3404944	L HEALTH CE  EASTPOINTE HUMA N SERVICES  FOOTHILLS AREAM	11 8534 79 8599 8622 8536 537	275 48 47 172 22 18 18 44	DATE  SERVICE FACILITY LOCATION IS N  OT A VALID IPES ATTENDING PROVIDER. PLEASE VERIFY THE F  THIS SERVICE IS NOT PAYABLE TO YOUR SUBMITTED BILLING PROVIDER TYPE AND SPECIALTY IN  DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.  60 RESIDENTIAL LEVEL II TREATM ENT RECEIVED, PA IS REQUIRED FOR ADDITIONAL SERVICE.  ATTENDING PROVIDER TYPE AND SP SCHAFTY COMBINATION IS NOT VALID FOR SUBMITTED BILLING PR  PROCEDURE IS NOT COVERED FOR T HIS DATE OF SERVICE  THIS SERVICE IS NOT PAYABLE TO YOUR SUBMITTED BILLING PROVIDER TYPE AND SPECIALTY CANDED	0	215	2422	1434
3404944	L HEALTH CE  EASTPOINTE HUMA N SERVICES  FOOTHILLS AREAM	11 8534 79 8599 8622 8536 537	275 48 47 172 22 18 18 44	DATE  SERVICE FACILITY LOCATION IS N  OT A VALID IPES ATTENDING PROVIDER. PLEASE VERIFY THE F  THIS SERVICE IS NOT PAYABLE TO YOUR SUBMITTED BILLING PROVIDER TYPE AND SPECIALTY IN  DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.  60 RESIDENTIAL LEVEL II TREATM ENT RECEIVED, PA IS REQUIRED FOR ADDITIONAL SERVICE.  ATTENDING PROVIDER TYPE AND SP SCHAFTY COMBINATION IS NOT VALID FOR SUBMITTED BILLING PR  PROCEDURE IS NOT COVERED FOR T HIS DATE OF SERVICE  THIS SERVICE IS NOT PAYABLE TO YOUR SUBMITTED BILLING PROVIDER TYPE AND SPECIALTY CANDED	0	215	2422	1434
3404944	L HEALTH CE  EASTPOINTE HUMA  N SERVICES  FOOTHILLS AREAM ENTAL HEALT	11 8534 79 8599 8622 8536 537 79	275 48 47 172 22 28 18 44	DATE  SERVICE FACILITY LOCATION IS N  OT A VALID IPPS ATTENDING  PROVIDER. PLEASE VERIFY THE F  THIS SERVICE IS NOT PAYABLE TO  YOUR SUBMITTED BILLING  PROVIDER TYPE AND SPECIALTY IN  DETAIL NOT COVERED BY COMBINAT  ION OF RECIPIENT, PROVIDER AND  BENNETT PACKAGE.  60 RESIDENTIAL LEVEL II TREATM  BOTH RECEIVED, PA IS REQUIRED  FOR ADDITIONAL SERVICE.  ATTENDING PROVIDER TYPE AND SP  ECHALTY COMBINATION IS NOT  VALID FOR SUBMITTED BILLING PR  FROCEDURE IS NOT COVERED FOR T  HIS DATE OF SERVICE  THIS SERVICE IS NOT PAYABLE TO  YOUR SUBMITTED BILLING  PROVIDER TYPE AND SPECIALTY IN  BOUPLICATE OF CLAIM-SYSTEM	0	215	2422	1434
3404944	L HEALTH CE  EASTPOINTE HUMA N SERVICES  FOOTHILLS AREAM	11 8534 79 8599 8622 8536 537	275 48 47 172 22 18 18 44	DATE  SERVICE FACILITY LOCATION IS N  OT A VALID IPES ATTENDING PROVIDER. PLEASE VERIFY THE F  THIS SERVICE IS NOT PAYABLE TO YOUR SUBMITTED BILLING PROVIDER TYPE AND SPECIALTY IN  DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.  60 RESIDENTIAL LEVEL II TREATM ENT RECEIVED, PA IS REQUIRED FOR ADDITIONAL SERVICE.  ATTENDING PROVIDER TYPE AND SP SCHAFTY COMBINATION IS NOT VALID FOR SUBMITTED BILLING PR  PROCEDURE IS NOT COVERED FOR T HIS DATE OF SERVICE  THIS SERVICE IS NOT PAYABLE TO YOUR SUBMITTED BILLING PROVIDER TYPE AND SPECIALTY CANDED	0	215	2422	1434

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